

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/744471

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	4		4			
TOTAL DEP.	19		15			
TOTAL CLAIMS	23		19			

	INC.		DEP.		IND.		DEP.		IND.		DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
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